

Symptom & Significance

A Sethian Psychology of Healing

by Beverley Kane, MD



In August of 1990 I sequestered myself within the magnificent stone walls of the Yale Library, repository for the manuscripts of Jane Roberts and Rob Butts. My mission, in the mere two days I could spend at Yale, was to resolve the painful mystery of why Jane had suffered — had, on some level, chosen to, allowed herself to, suffer — a most agonizing and debilitating illness for the latter part of her life.

*Previously I had studied everything Rob, Jane and Seth had said publicly about Jane's condition. In the Yale library, I pored over Rob's journal notes written during Jane's last 504 days spent in St. Joseph's Hospital in Elmira, NY. In the end I returned to San Francisco feeling bemused: I could adduce no shattering revelations about the complexities, beliefs, machinations, and inner dialog of Jane's entity. I conceded pro forma that she, and we, created her own reality. I had some insight into the dynamics of Jane's Sinful Self and the struggle of artist-vs-channeler. Much later, the publication of Jane's *The Way Toward Health* resolved some questions but raised many more.*

As Larry Dossey, MD, points out, Buddha died from food poisoning; Jesus from acute trauma; Ramana Maharishi, the most beloved saint in India, died from cancer as did the great spiritual teachers Krishnamurti and Suzuki. Bernadette, who saw the vision at Lourdes, died from disseminated tuberculosis or cancer. Mother

Teresa died of heart failure; Pope Paul VI required an appendectomy; the Dalai Lama wears glasses. If the holiest of holies are thus plagued, what can I offer my patients and other Seth readers and my self when I am under the weather?

Of course, no one has to become ill, not even in preparation for death. Cats and other animals can be asymptomatic when they walk off to willfully die. Over the years, by rereading Seth, by reading my patients, I have learned more about how and why people create illness. As a Seth-oriented physician, my art is to intuit the personal reality of each patient and gently enable the most positive beliefs in that reality.

The essay that follows was originally developed for my patients — mostly young, bright, healthy engineers in California's Silicon Valley. The concepts were designed to introduce Sethian ideas without explicitly invoking a channeled source. On the other hand, in discussing Seth's ideas on health among the initiated, I have found that the psychological exercises bridge a gap in the other direction: they ground a sometimes vague concept that we create our own reality in the symbolic systems common to our earth psyches at this point of power. As I have found in my 15 years of working with the Seth material, humans behave, practically speaking, rather less according to Seth's ideal of our larger Being and more according to the consensus camouflage: reality — the beliefscapes — of everyday life. We are thus, in part, psychological beings participating in the prevailing psychodynamic stereotypes of our civilization. Seth describes the "period of stress in between beliefs" (Nature of Personal Reality #617, 9/25/72) when we are making the transition from believing in the power of doctors to believing in the power of our own beliefs. These exercises are a tool for that process.

Nowhere is reality creation more evident than in our own bodies. The body is thought made physical through cellular consciousness, organ consciousness, and

ego consciousness. Seth says,

You are the living picture of yourself. You project what you think you are outward into flesh. Your feelings, your conscious and unconscious thoughts, all alter and form your physical image. ...Your body does not just happen to be thin or fat, tall or short, healthy or ill. These characteristics are mental, and are thrust outward by you upon your image.

— Jane Roberts, *The Nature of Personal Reality*, #610 (6/7/72).

Because of the multidimensional nature of the physical world, our bodies inhabit infinite probable universes. Ordinary healing can be considered as a linear, analog transition from a probable ill self to a probable healthy self. "Miracle" healing is a quantum leap between these probable selves.

The Point will be made that all healings are the result of one basic fact: That matter is formed by those inner qualities that give it vitality, that structure follows expectation, that matter at any time can be completely changed by the activation of the creative faculties inherent in all consciousness.

— Jane Roberts, *The Nature of Personal Reality*, #609 (4/10/72).

In the beginning, Seth says, we are born into a state of Original Grace. Many entities choose to be born with severe physical defects to dramatize the challenges in a given lifetime. But for most organisms, the natural condition of Grace is unobtrusive good health. Ordinarily we feel well and comfortable and, except for animal needs — hunger, thirst, sleep, sex, movement — we are largely unaware of our bodies. When we experience discomfort through injury or illness, we become aware, often painfully, of body parts and processes we took for granted or never knew existed.

For minor ills, we tend to take a pill, whether Claritin™ or comfrey, and dismiss any further concern. But when discomfort is severe or enigmatic or attains some

degree of chronicity, we go to one or many health practitioners seeking diagnoses and cures. Sometimes blood tests, body scans, and even exploratory surgery prove inconclusive. Other times, although the diagnosis seems to fit a textbook description, the usual treatments don't work. The patient might receive a series of best-guess drugs that treat the symptom without addressing the underlying cause. Or she is simply told there's nothing wrong, with the implication that the symptoms are all in her head.

In the rational, mechanistic framework of Western science, there may indeed be nothing objectively wrong that health professionals can see and label. The naming of diseases can be in itself a harmful practice that reifies a condition and locks a person into pessimistic expectations. But in the richer subjective vocabulary of body language, there is indeed a dis-ease. Illness and pain are always indicators of inner beliefs about something we need that daily life is not providing, that consciousness is not yet directed to. Conversely, when we have unresolved conflicts or cognitive dissonance – inconsistencies between our beliefs, desires, and actions – the body shows us a physical sign. If the body's voice is ignored or summarily silenced by symptomatic relief, that voice will become progressively louder as it antes up with worsened, recurring, or new ills.

Understanding the message is not difficult, but requires that we spend some time in creative self-reflection, in what Seth calls psy-time.

In *The "Unknown" Reality*, Seth describes a race of beings who, although possessed of bodies, were barely focused in physical reality. Because this race would appear to us as if sleeping, Seth called them sleepwalkers. Their bodies lived in harmony with the environment and were not saddled with negative beliefs of disease or limitation. In all his material, Seth stresses the continuity between our waking selves and our dreaming selves. We have literally dreamed up our bodies.

Psychologist Arnold Mindell recognizes that both dreams and illness come from the ethereal body or dreambody, which communicates by using its own repertoire of metaphors. The thesaurus of symbols is unique to the individual and cannot be generalized in books or interpreted by an external observer. Using Mindell's technique, *process work*, the symptom is taken at face value, amplified, and allowed to speak for itself. By working with the symptom as with a dream image, associations to the subconscious can be revealed.

In the chapter *The Body's Poetics of Illness* in his book *Care of the Soul*, Thomas Moore says, "The body is the soul presented in its richest and most expressive form." Having manifested in physical reality, the soul is nearly undivided in its agenda for the body, as evident in the infant body's instinctual foci – eat, sleep, eliminate, play. As the personality develops, social agendas compete within an increasingly divided Self. Italian psychiatrist Roberto Assagioli developed psychosynthesis to reintegrate the divisions. Psychosynthesis makes explicit the multiplicity of roles within the individual psyche – Mother, Wife, Career Woman, Little Girl, Church Lady, Adventurer, Goddess, Politician. Each subpersonality is internally consistent, legitimate in its existence and in its demands from the whole Self. Many disease processes arise from slugfests among the subpersonalities. For example, some cases of unexplained infertility have been resolved by mediation between The Little Girl, who wants to stay a child herself; the Career Woman, who values her career over family responsibilities; and the Mother, who initiated the attempt to get pregnant but was overruled by the other two.

Seth, Mindell, and Moore point out that symptomatic cure is not necessarily the body's prime objective. Cure can be a welcome side-effect of psychic growth, but if symptomatic relief attempts to do an end run around the entity's chosen challenges, the dreambody is not assuaged. Implicit in Moore's distinction between cure and care is the idea that some conditions, like obesity and depression, may serve an important purpose. The commonly recognized purpose of secondary gain

– sustaining an illness for attention, avoidance, special status, or disability checks – is itself a symptom of a more fundamental need based on identifiable underlying beliefs.

In these cases, superficial curative attempts are not only destined to fail, but serve to short-circuit the process of grasping the purpose, meaning, and gift of the affliction. Such conditions cannot be amputated from the soul without incurring a profound sense of loss or risking psychic collapse. When cure appears as an unattainable goal, as in terminal illnesses, the journey itself is often the reward.

Seth tells us that if the entity is determined to die, all medical attempts at cure will ultimately fail. If the body is cured of one illness, it will promptly invent another. Each person chooses the method and moment of death, and in dying, illness is not inevitable. Many a person passes into her 90s with hardly a sick day in her life and expires while merrily mulching her marigolds.

Deciphering the Message – Discovering the Metaphor

All illness is meaningful although its meaning may never be translatable into entirely rational terms. The point is not to understand the cause of the disease, then solve the problem, but to get close enough to the disease to restore the particular [spiritual] connection with life at which it hints. We need to feel the teeth of the god within the illness in order to be cured by the disease. In a very real sense, we do not cure diseases, they cure us, by restoring our [spiritual] participation in life.

— Thomas Moore, *Care of the Soul*.

Step 1: Find the Gift: Examine Reactive Behaviors

We begin with the assumption that, far from being a punishment for something we did wrong, illness is the dreambody's gift to a neglected aspect of the Self. In attempting to unwrap the gift, we first ask: what does the symptom cause me to do differently from my every day routine? What does it *make* me do? What does it *prevent* me from doing? Generally the behavior with which we react to the condition is the thing that we needed to do in order to have avoided the condition in the first place. The modified behavior is the gift we needed all along. Often the behavior is comprised of impulses that we wanted to act on, but repressed in favor of the usual litany of shoulds and shouldn'ts. Impulses can be identified by saying, "This illness (or accident or symptom) enables me to ..." or "This condition prevents me from ..." After a tonsillectomy, the child "must" eat ice cream. With eczema on our hands, we can't do the dishes. At the simplest level, most illnesses force or enable us to drop everything we're doing and rest. Often rest is all that is necessary, and we find that into those recesses flow new insights and new directions,

Observe, too, how an illness tends to redefine personal relationships. Sometimes it takes a cold to make us feel we deserve to lie in bed and be waited on. In other cases, illness permits us to guiltlessly slam the door on the world and tell managers, spouses, and creditors to go soak their heads. One sheepish father, himself a physician, told me the only time he feels he can justifiably distance himself from his energetic and demanding preschoolers is when he has a headache. Pleading, "Daddy doesn't feel well," he shuts himself in his room.

Some version of, "Not tonight, Dear, I have a headache" makes it easier to opt out of burdensome obligations. In our society it seems necessary to invoke physical illness to take a mental health day from work, renege on a social commitment, or get out of doing homework. Having been conditioned to believe we must use illness to validate our needs, it's no wonder the body becomes broken on cue.

Seth states, "*In the overall development of the individual, an illness may also be used as a method to achieve another, constructive, end. In such a case belief would also be involved: Such a person would have to believe that an unhealthy condition was the best way to serve another purpose.*" (Nature of Personal Reality, #620 10/11/72.)

In my experience, one of the most fundamental readjustments we make in the course of an illness is a change in our beliefs about our deservedness, especially of love. The more severe the illness, the more amazed we are at the outpouring of love from those around us and the more willing we are to accept love. Prayer, faith healing, and even Western medicine in its purest form transmute the emotional energy of love into a belief in our worthiness and into the energy the dreambody will use to regenerate physical health.

Step 2: Establish the Context

When a symptom can't be banished by a few pills or a few days in bed with extra strokes from those around us, or when it exacerbates or escalates into a series of ills, it's time to pursue the deeper level of meaning that informs the unseen infrastructure of our larger entities, or souls.

One of the most important clues about the meaning of a symptom comes from recalling what was going on in your life when the symptom began. Did you lose your job, graduate from college, end a long term relationship? Emotionally charged events often leave unfinished business that erupts as bodily symptoms. As Seth stresses that the Point of Power is in the Present, I also emphasize: past trauma is significant only if we persist in reliving it through anger, resentment, self-pity and illness.

A few years ago, I developed a dry cough for no apparent reason. After several months, a physician friend of mine who trained with Arny Mindell did process work with me. At her prompting, I grabbed my throat area, exaggerated the cough, and amplified the physical sensation to one of choking. I recalled that the cough began around the time I set about aggressively editing chapters in a multiauthor anthology. Because I felt I had to set rigid literary standards for the book, I was getting into frequent arguments with my contributors, who in turn put a "stranglehold" on my editorial prerogatives. By co-creating the struggle, everyone was in effect choking each other off. I thus bridged my cough to constrained freedom of verbal expression.

Step 3: Identify Target Organ Metaphors

Most people accept the fact that stress contributes to illness. But stress is a vague, nonspecific concept. Specificity comes from examining the nature of the target organ – the afflicted body part. Choice of target organs is often conditioned culturally and by family of origin. A Filipino physician teaching a multicultural segment of my Family Practice residency taught us that Filipinos often euphemize depression as feeling “dizzy.” For women in Japan, neck and shoulder pain is a more common expression of premenstrual syndrome than the bloating and irritability that Americans tend to associate with PMS. However, for the most part target organs reference the symbolic language of the individual's own belief system.

So the third step in exploring a symptom is to ask: What does this organ or part *do*? What is it doing in its altered or dysfunctional state?

For example, skin is the boundary between the self and the nonself – the outside world. Allergies are manifestations of extreme reactivity to foreign substances. Both skin rashes and allergies often suggest underlying concern with protection and boundaries. Symbolically these conditions may dramatize issues of relationships, trust, and personal territory.

More important than exact anatomical explanations is: what does the organ mean to you? What do you imagine is its purpose? Personal images and associations are more important than standard scientific descriptions and stock analogies.

One of my patients, a woman in her early 30s I'll call Melissa, complained of chronic diarrhea. She had seen several specialists over a two-year period. Although they diagnosed her condition as colitis, they had been unable to relieve the symptom. As we reviewed other parts of her history, Melissa described deep dissatisfaction with her job as a software engineer. Her department had been downsized several times over the previous two years and the remaining employees

were expected to make up for the missing people. Melissa spoke bitterly of how she was constantly forced to "Produce, produce, produce!" Not surprisingly, inappropriate secretion – overproduction – of fluid, a common mechanism in diarrhea, was exactly what Melissa's colon was doing. The symptom was thus a graphic metaphor for Melissa's job. She realized her colon was asking her to set healthier limits in her career based on her own standards of productivity.

We often use body metaphors in everyday conversation. Disappointments leave us "heartbroken;" we "can't stomach" an unpleasant situation. Once I asked a patient with chronic neck pain, "Quick, tell me, who is the biggest pain in the neck?" Without thinking, she said, "My husband!" Although she was immediately embarrassed to hear herself blurt out such an admission, she realized that she needed to finally deal with the dark side of her marriage.

Step 4: Dialog With the Body

The previous three steps entailed rational processes. When rationality has been more or less exhausted, it is time to allow a free play of imagination and intuition. Imagination is the gateway to the unconscious and the act of imagining is a powerful psychokinetic constructor of physical reality.

One of the most effective ways to stimulate the imagination is by writing out a dialog between your conscious mind and your body. Imagination is in its freest form when we induce a slightly altered state with vigorous exercise, a hot bath or sauna, gentle stretching or massage, meditation, or a little alcohol. Make some quiet time in a room by yourself where you can be undisturbed for 15 to 30 minutes. Sit in a relaxed position for a few minutes with your eyes closed, breathing deeply and slowly.

Begin querying the body. You might wish to ask questions like "Why are you hurting?" and "What can I do for you?" When the body responds, be a faithful scribe and record the dialog uncritically. You will be surprised at the images and ideas that seem to arise out of nowhere and you might soon find yourself caught up in a rapid exchange.

One of my most dramatic cases was a patient I'll call Joel, a psychiatric social worker, who had developed left pectoralis (chest) muscle tension in college. He underwent biofeedback treatment and the symptom went away. Ten years later Joel developed a malignant melanoma on the skin directly over the muscle. Looking back, he realized he had developed the chest pain when his advisor, an adored professor and mentor, had rejected Joel's Masters thesis. Crushed and disillusioned, Joel fell into a series of destructive relationships and patterns of low self-esteem. In dialog with his melanoma, Joel realized that although he seemed to have become a respected professional, he was still insecure about issues of external approval vs. internal assurances of self worth.

Joel's experience also illustrates how even so-called alternative therapies such as biofeedback might still leave the consciousness unaware of the dreambody's message.

Step 5: Focus on the Positive

Positive Throughout Jane's illness, Seth stressed the need to recognize and acknowledge each small improvement. In any given moment, it is possible to identify the harbingers of healing, however fleeting. Rather than constantly focus on the disease, allow yourself to feel pleased with how well your body functions on every other level. If your left knee hurts, appreciate the fact that your right knee is perfectly pain free and that it represents a probable reality for the ailing opposite knee. In the healthy areas, your beliefs are working for you.

A few minutes a day spent in sending positive messages to the body can produce dramatic results. Verbal suggestions are translated into inner sounds that echo the body's fundamental light and sound substance. From Seth comes the most healthful exercise:

"A correctly utilized five-minute period of time can be of great benefit. In this period, concentrate on the fact that the point of power is now. Feel and dwell upon the certainty that your emotional, spiritual and psychic abilities are focused through the flesh, and for five minutes only direct all your attention toward what you want.

"Use all of your energy and attention. Then forget about it. Do not check to see how well it is working. Behave physically, then, at least once a day in a way that shows you have faith in what you are doing. The act can be a very simple one. In health terms, it involves conducting yourself once a day as though you were not sick in whatever way given you. The belief in the present, reinforced for five minutes a day, plus such a physical action, will sometimes bring awesome results." (Nature of Personal Reality, #657 4/18/73.)

Other Suggestions

Many entities, for reasons of their own, choose a catastrophic or torturous illness and death. Such processes should not be deemed a failure of the personality or the entity but must be respected as adjacent colors in the rainbow spectrum of challenges. We mustn't use physical health as the litmus test of spiritual enlightenment. Often in an illness deemed irreversible or terminal, there comes a point where the bearer changes his intent from creating a miracle cure to yielding to his limitations or to the dying process. This seemingly spiritually incorrect loss of hope is the hardest time for all involved, since it never seems to come at the "right" moment. Yet this transition must be ushered in uncritically, supported with love and, even amidst great sorrow, accorded the faith that, by whatever means chosen, everything will be all right.

Previously I mentioned Seth's appreciation of our difficulties in graduating from conventional beliefs about illness to a faith in new ways of creating healing realities. Seth acknowledged that for many of us, a strong belief in doctors and healers can make us well – at least well enough to take the next step in changing our beliefs.

In making that transition, try not to fragment your care among too many practitioners. If you feel you must continue to see multiple specialists and healers, make sure they each are aware of each other's input and of you as a whole. Psychotherapists and alternative healers are more likely to contextualize physical illness in cognitive and holistic therapies than medical doctors and other Western practitioners are to validate psychological or dreambody factors in physical conditions. Often health professionals, even alternative practitioners, however well-meaning, effectively inhibit healing by promoting their own limiting beliefs about medicines, vitamins, prevention (which deconstructs into "fear"), "health" foods, and "natural" remedies. Ultimately creating health depends on enacting the inner-

directed rituals – diet, exercise, meditation, medication – which best support our beliefs in well-being and which increase our vitality on a day-to-day basis.

Pay close attention to dreams. They will always corroborate body messages. Using the technique of dream incubation, you can ask for a dream to answer questions posed to the body. This is a form of dialoguing with the symptom in the dream state. Dream psychologist Jeremy Taylor maintains that all dreams come in the service of wholeness and healing and every dream, on some level, reflects the state of the body. Healing constantly occurs in the dream state, often before an illness manifests in waking reality, and whether or not the dream is consciously remembered.

Develop an appreciation of the symbolic dimension of life and be sensitive to synchronicities (meaningful coincidences). A physician colleague of mine finds that women often become afflicted around the time that would have been the birth date of an aborted fetus. His most dramatic case was a woman who fell off her horse and broke her pelvis on, unremembered by her, her due date. (This is not an argument against abortion. It does suggest the need for a conscientiously spiritual approach to the procedure, as in Buddhist Japan and as described in *The Pagan Way of Living and Dying* by Starhawk and M. Macha NightMare.)

Understand that your symbols and associations are personal and dynamic, changing from day to day and dream to dream, and cannot be subjected to dictionary-type definitions. Depending on the situation, flowers in a dream can symbolize romance, funerals, or allergies. Similarly, in illness, the heart, liver, ovaries and other organs and symptoms will have shifting symbolic interpretations.

Avoid psychosomatic approaches to illness that imply that the message from the body is about something we have done "wrong." We must not "blame the victim," beg the question of "sin," or imply that illness comes to punish us. Illness is the voice of the soul crying out to be heard. A kitten does not cry to punish its human

companions. The humans must learn to interpret the cry – is it meal time or petting time or time to go out? Like the kitten, the dreambody cries out on behalf of legitimate needs. All somatic phenomena are ushered in from the dreambody to manifest in the physical body, and like dreams themselves, come in the service of health and wholeness.

Bibliography

1. Dossey, Larry.
 - Health & Healing: Reflections on Consciousness, Physics, & Spirituality. In *Science Within Consciousness Bulletin*. Vol. 2, No. 1. Spring 1997.
 - *Meaning and Medicine*. Bantam Books. New York. 1991.

2. Mindell, Arnold.
 - *Dreambody. The Body's Role in Revealing the Self*. Sigo Press. Boston, MA.1982.
 - *Working With the Dreaming Body*. Arkana Penguin Books. London. 1985.
 - *COMA: The Dreambody Near Death*. Arkana Penguin Books. London. 1989.

3. Moore, Thomas. *Care of the Soul*. HarperCollins. New York. 1992.

4. Roberts, Jane.
 - *The Nature of Personal Reality*. New World Library. San Rafael, CA. 1995. (Originally Prentice-Hall. Englewood Cliffs, NJ. 1974.)
 - *The "Unknown" Reality: Volumes One and Two*. Bantam Books. New York. 1989 (Originally Prentice-Hall. Englewood Cliffs, NJ. 1977.)
 - *The Way Toward Health*. Amber-Allen. San Rafael, CA. 1997.

5. Starhawk, M. Macha NightMare & The Reclaiming Collective. *The Pagan Book of Living and Dying*. Harper. San Francisco. 1997.

6. Taylor, Jeremy. *Dream Work*. Paulist Press. Ramsey, NJ. 1983.